TN Department of Health

EMS LICENSURE/CERTIFICATION
APPLICATION

LIC/CERT LEVEL REQUESTING: ☐ EMR ☐ EMT ☐ AEMT ☐ PARAMEDIC ☐ PARAMEDIC-CRITICAL CARE ☐ EMD

*SSN: _____ CLASS #: _____ DOB: _____
MM DD YYYY

NAME: _____
LAST FIRST MIDDLE (JR., II, III)

MAILING ADDRESS: _____
(STREET /PO BOX/ROUTE) (CITY/STATE/ZIP)

PERSONAL TELEPHONE: (_____) _____ WORK TELEPHONE: (_____) _____

Do you wish to receive notification, including renewal notification, from the Department of Health via email? ☐ Yes ☐ No

EMAIL ADDRESS: _____

RACE:
☐ White ☐ Black
☐ Native ☐ Asian
☐ Hispanic ☐ Other

GENDER:
☐ Male
☐ Female

HIGH SCHOOL DIPLOMA:
☐ Yes ☐ No

GED:
☐ Yes ☐ No

Are you currently or have you ever been licensed/certified in other states or with the national registry? ☐ Yes ☐ No
If yes, list below:

STATE:_____ LEVEL:_____ LIC/CERT #:_____ EXPIRATION DATE:_____

STATE: _____ LEVEL:_____ LIC/CERT #:_____ EXPIRATION DATE:_____

If you answer yes to any of the questions below, give details on a separate sheet including circumstances with appropriate dates. Attach a certified copy of court records if convicted of any law violation.

Have you ever been convicted for a violation of the law other than a minor traffic violation? ☐ Yes ☐ No

Have you ever or are you now addicted to any alcohol or drugs? ☐ Yes ☐ No

Has your license/certification to practice in any state ever been reprimanded, suspended, restricted, revoked or is it under threat of disciplinary action? ☐ Yes ☐ No

I certify that all information in this form is correct and complete to the best of my knowledge. I understand that falsification of any information may be grounds for denial or revocation of my certification/license.

SIGNATURE: _____ **DATE:** _____

*If no Social Security number you must submit verification of citizenship and/or qualified alien status. (U.S. Code § 1641.)

"Under HIPPA, the health information you furnish on this document is protected from public inspection, absent a subpoena or for purposes of health oversight activities."

DIVISION OF HEALTH LICENSURE AND REGULATION • **OFFICE OF EMERGENCY MEDICAL SERVICES**
665 MAINSTREAM DRIVE • NASHVILLE, TN 37243
TEL: (615) 741-2584 • FAX: (615) 741-4217 • WEBSITE: tn.gov/health/ems